# <u>Jackson Youth Sports – CHEERLEADING</u> <u>Registration Form</u>

MUST BE 5 YEARS OLD BY SEPTEMBER 1st

Players Name:		D.O.B.:		
Flag: (5-6 yrs.)	Jr. PeeWee: (7-8yrs.)	PeeWee: (9-10yrs.)	Midgets: (II-I2yrs.)	
Parent/Guardian I1	nformation:			
Name:				
Address:				
 Home#		 Cell#		
Emergency Contact	t <b>:</b>	P1	hone#	
A COPY	Y OF THE CHILD(S) BIR'	TH CERTIFICATE M	MUST BE ON FILE!	
league, league officials, or understand Jackson Youth all activities of the league. participate in any practices. I understand that to practice or games. I ut Cheerleading. These fe provide: Uniform Ren Cheerleading uniform MU damaged/stained you will	league coaches responsible for a n Sports will provide a secondary Due to insurance regulations, I s or games.	ny injury that may occur to vinsurance (\$250.00 deductible understand the registration eleague officials or coache consible for a registration or any reason. This JYS indershirt, Shoes, and officials or coach as soon as the mage fee.	Cheerleading League will Cheerleading T-Shirt. The season is over. If it is turned in	
	JACKSON TO	WN HALL USE ONLY:		
	Total Amount Due: \$100.	00 - Late fee after 8-28-15	5 (\$20.00)	
Amount of fees paid:	Cash/C	heck:	Check#:	
Received by:				

FEE MUST BE PAID AT TIME OF REGISTRATION!

Deadline will be August 28, 2015 – after deadline will be a \$20.00 late fee.

### Jackson Youth Sports -Cheerleading Medical Release



I grant permission to managing and/or coaching personnel or other league representatives to authorize and obtain medical care and treatment from any licensed physician, hospital, or medical clinic, including major surgery, deemed necessary by a duly licensed physician should my child become ill or injured while participating in cheerleading activities away from home, or at other times when neither parent/guardian is available to grant authorization for emergency treatment. This authorization includes the administration of first aid and transportation to and from a medical treatment facility. In addition, I will list any allergies or illnesses for which my child is being treated by a medical doctor in the space provided below.

Players Name:	
Allergies (Drug or other):	
Illnesses Under MD Care:	
Parent / Guardian Signature	Date

## Jackson Youth Sports - Cheerleading Parent Contract



#### COACHING AND/OR TEAM CONCERNS:

Our organization's board, coaching staff, and team moms/dads volunteer a significant amount of time to make each season possible. Please set an example for your child and others by respecting your coaches and volunteers. Do not interfere with coaching during practices and games. We want to address any comments and/or concerns you may have, but please keep problems off the field and speak to one of the Jackson Youth Sports Board Members.

#### **UNIFORMS:**

Parents/ Guardians are responsible for maintaining their child's uniforms. If these are not returned or returned in poor condition to Jackson Youth Sports when requested at the end of the season or immediately upon leaving the program, parents/ guardians will be held liable and will be required to pay to repair or replace the uniform. Parents/Guardians let's keep them looking that way!

#### PRACTICE:

Practices will be three evenings a week at the Jackson Bulldogs Football Field (behind JMS). These practices are held on Mondays, Tuesdays, and Thursdays from 6pm-8pm. If there are any changes in this schedule your child's COACH will let you know. Jackson Youth Sports Board Members and Jackson Town Hall WILL NOT be aware of any changes in a team's practice schedules. Please maintain contact with your child's team coach/team mom for any changes and updates!

Jackson Youth Sports staff asks all parents to PLEASE respect your child's control of the staff asks all parents to PLEASE respect your child's control of the staff asks all parents to PLEASE respect your child's control of the staff asks all parents to PLEASE respect your child's control of the staff asks all parents to PLEASE respect your child's control of the staff asks all parents to PLEASE respect your child's control of the staff asks all parents to PLEASE respect your child's control of the staff asks all parents to PLEASE respect your child's control of the staff asks all parents to PLEASE respect your child's control of the staff asks all parents to PLEASE respect your child's control of the staff asks all parents to PLEASE respect your child's control of the staff asks all parents are staff asks all parents to PLEASE respect your child's control of the staff asks all parents are staff ask	oaches and teammates by
dropping off and picking up your child on time for practice and/or games!!!	
Parent/ Guardian Signature:	Date:

## Jackson Youth Sports- Cheerleading Volunteer Form



As many of you know, youth programs are run by volunteers. Please fill in the information below and turn it in as soon as possible. It would be a HUGE help if all parents would volunteer their time to do the various jobs that it takes to keep this program running smoothly! Please keep in mind when you volunteer we are counting on you to follow through-serious responses only please!

Parent Name:	
Childs Name:	
E-Mail Address:	
Home #:	Cell#:
Please circle the areas you would be available to volu	are interested in volunteering. Also, please give time frames you unteer.
I will volunteer in the fol	lowing area(s):
<ul><li>5.) Help cut the grass</li><li>6.) Help striping the field</li></ul>	concession before games d/ concession during and after games
	nteers are VITAL to our program! I have read the above and commitment by signing below.
Parent/ Guardian Signatures	Date:

### Jackson Youth Sports- Cheerleading

Parent Copy

The Jackson Youth Sports Board is very excited that you have decided to allow your child to participate in the recreational cheerleading program this year. We are striving diligently to provide the best program we can. With this in mind, there are a few things we are implementing to enhance the experience that your child will have here. We need every cheerleader to understand several basic rules that must be followed and we would appreciate you reinforcing these rules as well.

- 1.) There will be NO profanity tolerated by players, parents, or fans.
- 2.) All cheerleaders are expected to respect their coaches and teammates.
- 3.) No cheerleaders will be allowed to leave the field without the approval of their coach.
- 4.) All cheerleaders will display good sportsmanship at all times; win or lose.
- 5.) No players will intentionally try to cause harm to others.
- 6.) All cheerleaders are expected to attend practices and make every effort to be on time.
- 7.) Proper attire will be worn to practices and games.
- 8.) We want all cheerleaders to have fun, and improve their cheerleading skills.

\*\*A MANDATORY Cheerleader and Parent meeting will be held on August 17<sup>th</sup> at 6:00 at the football field. We will discuss participation rules and much more. If you have any questions please give us a call. \*\*

Thanks –Jen Barfield & Ashley Edmondson

Lastly, it is important that all parents and coaches set forth examples for our players to follow. *Together we will have an outstanding 2015 Football/Cheerleading Season.* 

### **Jackson Youth Sports - Staff Contact Information**

The following list of names will be your contacts for the JYS organization. Should you have any questions, concerns, and/or comments, please use this list as your reference. PLEASE remember to call your coach for any questions regarding practices and games. Please be patient with us if you are trying to contact someone on this list throughout the business day. We all work during the day and may not be able to take your call and/or text message right away.

Ben Barfield, JYS League President 706-414-5101 (cell)

Jim Broome, JYS League Vice-President 803-645-5498 (cell)

Jen Barfield, JYS Cheerleading Coordinator 803-426-0974 (cell)

Ashley Edmondson, JYS Assistant Cheerleading Coordinator 803-634-6014 (cell)



Information will also be posted our Facebook page -- "Jackson Youth Sports"
You can also email us at: jacksonyouthsports@gmail.com